
Tribal Leaders Diabetes Committee

Recommendations for Distribution of the New
Diabetes Funding - Consolidated Appropriations Act
of Fiscal Year 2001

May 1, 2001

Alexandria, VA

Introduction

At the conclusion of December 2000, Congress approved and the President signed into law \$240 million in new diabetes funding for American Indian and Alaska Native (AI/AN) communities. These new funds are in addition to the \$150 million Special Diabetes Programs for Indians annual appropriation authorized by the 1997 Balanced Budget Act through fiscal year (FY) 2002 (5 years). On January 24, 2001, the Director of the Indian Health Service (IHS) directed the Tribal Leaders Diabetes Committee (TLDC) and IHS Area staff to conduct tribal consultation sessions on the new diabetes funding.

The TLDC was formed in 1999 to advise the Director of the Indian Health Service on matters related to diabetes in AI/AN communities. The committee consists of one elected tribal official from each IHS Area, one member at large, and a representative from the IHS. The committee has made recommendations on the distribution of the 1997 Balanced Budget Act Special Diabetes Program for Indians for the past 2 years. (Appendix A: Tribal Leaders Diabetes Committee member list)

The new funding was appropriated over three FYs: \$70 million in FY 2001, \$70 million in FY 2002, and \$100 million in FY 2003 (the original \$30 million annual funding continues through FY 2002). Therefore, the diabetes funding available over the next three FYs is as follows:

	<u>Original BBA Funding</u>	<u>New Diabetes Funds</u>
FY 2001	\$30 million	\$70 million
FY 2002	\$30 million	\$70 million
FY 2003	-	\$100 million

The TLDC developed the following schedule for tribal consultation regarding the distribution of the new funds:

February 2001:	Area Consultation Meetings - Session 1
March 2001:	TLDC Meeting to discuss initial tribal input
April 2001:	Area Consultation Meetings - Session 2
April 30, 2001:	TLDC Meeting to finalize recommendations
May 1, 2001:	National Consultation Forum - final input
May 2001:	IHS Director makes decision on distribution
June-Aug 2001:	Grant Process and Distribution of Funds

The TLDC developed this schedule for tribal consultation to ensure that all tribes had the opportunity to obtain information on the new diabetes funding and to provide input

into the final recommendations for distribution to be forwarded to the IHS Director. During this time the TLDC also met on a regular basis with the IHS Grants Management Branch and the IHS National Diabetes Program to ensure that fund distribution would be as efficient and fast as possible to the local level.

This report summarizes the outcome of the tribal consultation process, and includes report summaries from each IHS Area, as well as a summary of the national recommendations of the TLDC to the IHS Director.

Recommendations

The Tribal Leaders Diabetes Committee reviewed the results of the tribal consultation sessions held in February and April 2001 in each IHS Area on the new diabetes funding. During this consultation, comments were made primarily on the first year of the new funding (FY 2001 - \$70 million). The TLDC developed materials that were distributed in each Area to help guide the tribal consultation and these materials included several recommended priority issues and topics for discussion (Appendix B: tribal consultation materials). Comments on these priority issues were summarized on each topic by Area. Attached to this report is a spreadsheet with a summary of the Round 2 IHS Areas recommendations by priority issue, as well as the official reports from each IHS Area (Appendix C: Summary and Individual Area Reports). After review of these recommendations, the TLDC discussed and voted on a number of motions on recommendations for distribution of the \$70 million new diabetes funds for FY 2001 by priority issues:

1) Set-asides

Administrative Funding

Administrative funding was discussed as a possible set-aside from the new diabetes funds in order to provide support for grants management activities at both the national and Area levels, programmatic support for the National Diabetes Program including evaluation and technical assistance, and support for the activities of the TLDC.

Area Summary: Administrative funding, which includes both grants administration and programmatic activities of the IHS National Diabetes Program, was supported in general. The exact amounts varied among Areas (four Areas recommended no new funding for grants administration, three Areas recommended no new funding for the IHS National Diabetes Program). Most Areas supported funding for the TLDC with different recommendations for the amount (two Areas opposed TLDC funding). The majority of Areas supported funding at the Area level for grants management and technical assistance.

TLDC Recommendations: The TLDC voted on the following administrative set-asides:

Motion 1: Allow for Administrative funds - 11 yes, 1 no

Motion 2: Support Administrative Funding for Headquarters - 7 yes, 5 no

Motion 3: Support Area Office Administrative Support - 12 yes, 0 no

Motion 4: Support Administrative funds for National Diabetes Program - 9 yes, 3 no

Motion 5: Support TLDC Funds - 10 yes, 2 no

Special Initiatives

Two special initiatives were discussed during the tribal consultation. The National Diabetes Prevention Center (NDPC) was partially funded under the original \$30 million allocation from the Balanced Budget Act of 1997. The University of Colorado Health Sciences Center Diabetes Research Center as proposed by Senator Ben Nighthorse Campbell was also discussed as a possible new special initiative.

Area Summary: There was in general no support for these special initiatives, except one Area supported new funding for the NDPC, and one Area supported funding for the Campbell Center.

TLDC Recommendations:

Motion 1: No NDPC set-aside - 10 yes, 2 no

Motion 2: No Campbell Center set-aside - 9 yes, 3 no

Data Improvement

In the 1997 Balanced Budget Act \$30 million appropriation, funding was given to each IHS Area for data improvement, because several Areas expressed reservations and concerns about the accuracy of their data. Several types of data are used in the formula for distribution of the diabetes funding. Funding for data improvement was discussed in the tribal consultation as a potential set-aside.

Area Summary: Six Areas supported a data set-aside, but the amount varied. Four Areas stated that it should be an Area level decision, one Area said no data set-aside, and one Area had no comment.

TLDC Recommendations:

Motion: Allow for Data Improvement Funding - 9 yes, 3 no

Urban Programs

Additional funding for the 34 Urban Indian Programs funded under Title V of the Indian Health Improvement Act was discussed during the tribal consultation. In the 1997 Balanced Budget Act \$30 million appropriation, a \$1.5 million set-aside was funded to be distributed equally to each of these programs.

Area Summary: Seven Areas supported a 5% set-aside for urban programs, with 4 Areas wanting this to be 5% after all other set-asides. Three Areas supported \$1.5 million and 2 Areas did not support an urban set-aside.

TLDC Recommendations:

Motion: Set-aside for Urban programs funding - 10 yes, 2 no

Urban Program Data Improvement

While not a part of the Area tribal consultations, a motion was made for data improvement funds for Urban Indian programs

Motion: set-aside for data improvement for urban programs - 5 yes, 7 no

Cap on Set-asides

Area Summary: Several Areas made recommendations on the need for a cap or limit on the total set-asides.

TLDC Recommendations:

Motion: Set-asides not to exceed 10% - 8 yes, 3 no, 1 absent

2) Formula for Distribution of Funding to Areas

The formula for distribution of the remaining funds after set-asides to each IHS Area was discussed during the tribal consultation. The 1997 Balanced Budget Act funding is currently distributed using the following formula components:

Disease Burden	57.5%
User Population	30.0%
Tribal Size Adjustment	12.5%

In terms of the new diabetes funding, the formula for distribution was discussed with consideration of whether to keep the formula the same for FY 2001 or whether to change the formula for this year.

Area Summary: Eight Areas supported the use of the current formula for year 4 (FY 2001).

TLDC Recommendations:

Motion: Accept current formula for year 4, continue consultation for formula for year 5 and 6, use most current data - 9 yes, 3 no

3) Use of Funds

During the tribal consultation, the use of these new diabetes funds was discussed in reference to input from congressional representatives. In particular, a letter from Congressmen Nethercutt, Skeen, and Regula was discussed due to its extensive recommendations on how this new diabetes funding should be used. The most common issue discussed was whether these funds should be used on treatment and prevention activities that are based on “best practices”.

Clarification from the Indian Health Service Grants Management Program at a previous meeting indicated that the new diabetes funds would be distributed as soon as possible via a supplement to current grant programs, and that programs can either enhance their current program or develop new activities. Goals, objectives and a new detailed budget are needed for new or enhanced activities.

Area Summary: Many Areas commented on the use of funds and specified a variety of ways to use the funds including several supporting a best practices approach. Most Areas wanted programming directed at an Area or local level.

TLDC Recommendations: While there was no formal vote, the TLDC formally supported the concept of best practices at the local level in a previous meeting.

Next Steps

The TLDC recommendations were presented to the Director of the IHS at a National Consultation Forum on May 1, 2001. During this forum, a public comment period was held. Additional position papers and letters may be submitted through May 11, 2001 to the IHS Director's office. The next steps in the distribution of the new diabetes funds include:

- a final decision by the IHS Director;
- announcement of the exact amounts of funding for each Area;
- Area consultations on how to divide the funding within each Area;
- completion of the application form by all eligible programs once they receive their individual amounts of funding available;
- review of applications;
- distribution of the funds through the Payment Management System by August 1, 2001.

This report of the TLDC recommendations on the new diabetes funds was respectfully submitted to the IHS Director on May 1, 2001.

Confirmed by:

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Co-Chair, TLDC

Appendices

Appendix A: TLDC Member List
Appendix B: Tribal Consultation Priority Issues
Appendix C: Summary and Area Tribal Consultation Reports